

# THE FIRST ANNUAL REPORT

OF THE  
**PHYSICIAN-SUPERINTENDENT**

AND OF THE  
**SECRETARY**

TO THE  
**MOORHAVEN HOSPITAL MANAGEMENT  
COMMITTEE**



COVERING THE PERIOD  
**January 1948 - June 1949**

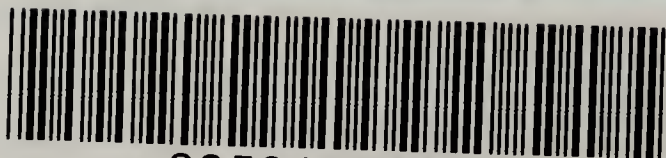
LCOML
BRAPY
Ann Rep
WIX 28
. BE 5
M 82
1948/49

### HOSPITAL CREST

The design on the front cover has been adopted by the Management Committee as the Hospital Crest and Common Seal.

The storm-tossed vessel is making for help and safety in the Haven by the Moor illuminated by a friendly Beacon. The Hospital is represented by the Haven and the patient by the vessel in distress.

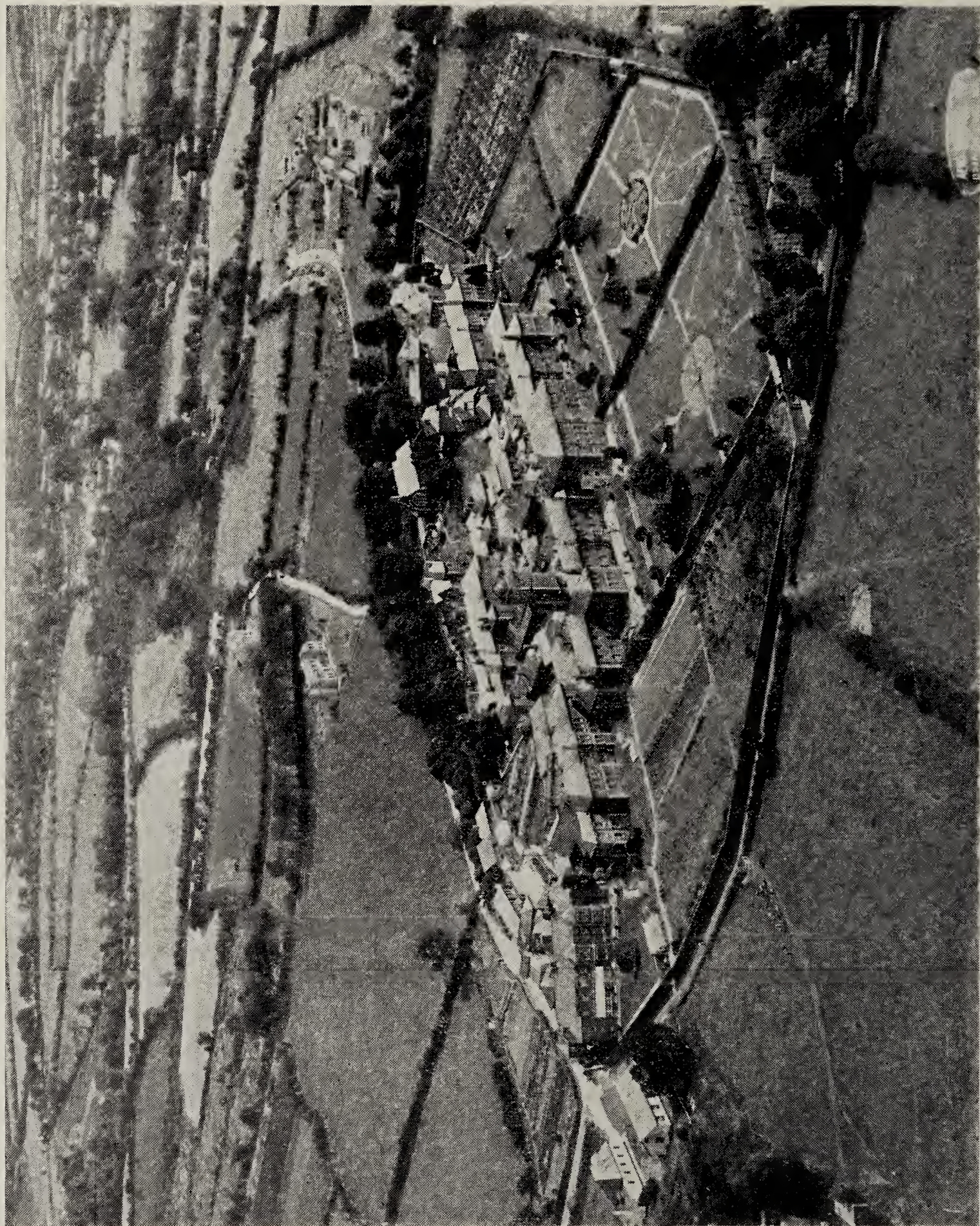
The Latin phrase, taken from Seneca, can be translated as "A distressed man is a sacred being."



22501611306







AERIAL VIEW OF MOORHAVEN HOSPITAL AND MOORFIELDS.



# THE FIRST ANNUAL REPORT

OF THE  
**PHYSICIAN-SUPERINTENDENT**

AND OF THE  
**SECRETARY**

TO THE  
**MOORHAVEN HOSPITAL MANAGEMENT  
COMMITTEE**



COVERING THE PERIOD

**January 1948 - June 1949**



Digitized by the Internet Archive  
in 2019 with funding from  
Wellcome Library

<https://archive.org/details/b31732628>

# MOORHAVEN HOSPITAL, IVYBRIDGE S. DEVON

---

## MANAGEMENT COMMITTEE

(AS AT 1ST JULY, 1949)

### Chairman :

ALDERMAN MRS. J. MARSHALL

### Vice-Chairman :

H. AVERY

### Committee :

T. C. BUCKINGHAM

MRS. B. DAVEY

COUNCILLOR F. J. FLAWN

A. E. FRAYN

L. W. INNES, M.B., Ch.B., F.R.C.S.(Ed.)

W. ERIC LISHMAN, M.B., Ch.B., M.R.C.S., L.R.C.P.(Lond.)

W. A. LISTER, T.D., J.P., M.D., F.R.C.P.(Lond.)

F. E. PILKINGTON, M.A., M.B., B.Ch.(Cantab)., F.R.C.P.I.,  
M.R.C.P.(Lond.), D.P.M.

MRS. H. W. WOOLLCOMBE, J.P.

---

*Secretary, Finance Officer and Supplies Officer :*

G. E. FORD, F.H.A.

## OFFICERS

(AS AT 1ST JULY, 1949)

### Medical Staff:

*Physician-Superintendent:*

FRANCIS PILKINGTON, M.A., M.B., B.Ch.(Cantab.), F.R.C.P.I.,  
M.R.C.P.(Lond.), D.P.M.

*Deputy Physician-Superintendent:*

DUNCAN MENZIES, M.A., M.D., Ch.B.(St. Andrews), D.P.M.

*Senior Physician:*

JOHN M. GILROY, M.B., B.Ch., B.A.O., D.P.M.

*Psychiatric Registrar:*

JOHN CONROY, L.R.C.P. & S.I.

*House Physician:*

F. R. WALKER, M.A.(Cantab.), L.M.S.S.A.

### Nursing Staff:

*Matron:* MISS E. WILMOT, S.R.N., S.R.M.N., S.C.M.

*Deputy Matron:* MISS A. J. O'DONNELL, S.R.N., R.M.P.A.

*Chief Male Nurse:* JOHN C. WATTS, S.R.N., S.R.M.N., R.M.P.A.

*Deputy Chief Male Nurse:* H. ANDREW MOSS, S.R.N., S.R.M.N.,  
R.M.P.A.

*Tutor:* A. R. CUTTING, S.R.N., S.R.M.N., R.M.P.A.

### Other Staff:

*Psychiatric Social Worker:* MISS J. MITCHELL

*Pharmacist:* ALFRED T. S. ELLIOTT, M.P.S.

*Laboratory Technician:*

PERCIVAL S. W. ARCHER

*Catering Officer and Dietician:* KENNETH D. TUDOR, B.D.A.

*Resident Engineer and Clerk of Works:* S. OAKS

*Farm Bailiff:* FRANK BARTRAM

### Visiting Chaplains:

*Church of England:* REV. E. B. EVANS, A.M.I.Mech.E.

*Nonconformist:* REV. J. ANGUS ALEXANDER

*Roman Catholic:* REV. FATHER W. DOBBIN



MADAM CHAIRMAN, LADIES AND GENTLEMEN,

The National Health Service has now celebrated its first anniversary and, having had a full year's experience of it, we are able to see at hospital management level a little more clearly its possibilities and limitations.

There is no doubt that the grouping of the hospital and specialist services for administrative purposes into Regions has great potential advantages, but these will only be secured so long as due regard is paid to local conditions and to the encouragement of initiative in each hospital. Once the hand of bureaucracy falls on us, all real progress will stop, and there are some who fear they see already its shadow on the horizon.

One is glad to have found that in spite of the substantial cuts which we, like every other Management Committee, had to make in the Hospital budget, it has been easier than before the "appointed day" to fulfil some of our long-needed wants. Our experience so far, however, is that it is harder than ever to plan ahead, and that owing to the complicated administrative machine, with its many Regional Committees, it takes very much longer and a great deal more time and effort to get any decision or action at all.

In order to preserve continuity of the Hospital records the following report begins where the Fifty-Sixth and final Annual Report of the former Visiting Committee left off, namely January, 1948, as far as the statistics are concerned, and April, 1948, for Hospital events generally. In both respects the present report takes us up to 30th June, 1949, and so includes a full year's history of the National Health Service.

**1. Statistics.**

The following tables show the changes in the Hospital population during 1948 and the first six months of 1949 :

<i>1948</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Number on the Hospital Register on 1st January, 1948 ....	325	427	752
Admitted during the year ....	113	149	262
Discharged or departed ....	82	120	202
Died ....	14	24	38
Number on the Hospital Register on 31st December, 1948 ....	342	432	774
<i>January–June, 1949</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Number on the Hospital Register on 1st January, 1949 ....	342	432	774
Admitted during the ha'f-year ....	69	113	182
Discharged or departed ....	54	129	183
Died ....	17	29	46
Number on the Hospital Register on 30th June, 1949 ....	340	387	727

*Admissions.* A comparative table showing the number and status of the patients admitted to the Hospital during 1940, 1945, 1948 and first six months of 1949 is given below :

	<i>1940</i>	<i>1945</i>	<i>1948</i>	<i>Jan.–June 1949</i>
Voluntary ....	53	70	196	134
Temporary ....	3	3	7	9
Certified ....	123	100	59	39
TOTALS ....	179	173	262	182
Percentage of non-certified ad- missions ....	31.3	42.2	77.4	78.5



In May, 1949, the " Observation Ward " at Ford House, Plymouth, was finally closed, and it at last became possible to admit patients requiring investigation direct to the Hospital either on Three or Fourteen Day Orders. From the start of this new procedure up to 30th June, 1949, there were 16 such admissions. After investigation the disposal of these cases was as follows :

Discharged from Hospital ....	1
Remained in Hospital as Voluntary patients ....	13
Remained in Hospital as Temporary patients ....	2
Remained in Hospital as Certified patients ....	0
	<hr/>
TOTAL ....	16
	<hr/>

The new arrangement is on the whole working well, and is resulting in a welcome reduction of certified admissions.

*Discharges in 1948.* Discharges numbered 202, or 77.1% calculated on the direct admissions. Of these 190 were recovered or relieved.

*Deaths in 1948.* There were 38 deaths, the average age at death being 65.5 years. This gives a low mortality rate of 5.1% compared with 7.8% in 1947.

## 2. General Health.

The physical health of the patients has been good. During 1948 there were 4 mild cases of dysentery, but none occurred during the first six months of 1949. Throughout the period under review a total of 14 patients have been treated for tuberculosis. It is to be hoped that the Regional Board's plans for using special wards in some selected hospital for psychiatric patients with tuberculosis will be implemented as soon as possible, as the arrangements for nursing such patients in our Hospital are not entirely satisfactory.

## 3. Treatment.

Every form of established psychiatric treatment is carried out at the Hospital, with the exception of Group Psychotherapy. It must, however, frankly be recognized that the medical staff is not large enough to be able to devote the optimum treatment-time to every patient. Long hours are worked and cases are properly investigated and skilfully treated, but when there is a perpetual battle against time the strain on the staff is great.

A long-recognized need in our clinical team was at last met when in the autumn of 1948 a fully-trained Psychiatric Social Worker was appointed to the staff. The value of the work was very quickly recognized by all sections of the staff as well as by many individual patients and their relatives. Amongst her many activities are visiting patients' homes, preparing social histories, acting as liaison officer between Hospital and home, helping patients with their affairs generally, securing jobs for them on discharge, and paying follow-up visits after they return home.

*Case conferences* were started in 1948, and are held regularly every week. They are attended by all the medical staff, the Psychiatric Social Worker and by certain nursing officers.

An increase in the clerical staff in 1948 made it possible to send a report to the family doctor on the discharge of each patient.

It is pleasant to be able to record the steady progress being made in *occupational therapy*. Better accommodation has been found for group handicrafts on the women's side, and on both sides there has been a gratifying extension of work in some of the chronic wards. On the men's side there has been much useful and healthful activity out of doors, both in the grounds and on the farm. Further development of occupational therapy is required to bring the Hospital up to the best standard, for which increased staff will be necessary.

*Social therapy* is being extended as opportunity occurs. With the departure of the last of the Exeter patients in February, 1949, a reorganization of the women's wards and reclassification of the patients became possible. The chief object of this was to endeavour to give each patient the most suitable companions and environment together with the maximum amount of freedom. It is gratifying to record that the number of patients allowed daily passes has increased from 89 in 1945 to 160 in 1949. Week-ends at home are also much encouraged and are on the increase. It must not be overlooked, however, that there is a large number of patients who, for one reason or another, need to be permanent residents in the Hospital, and who have never spent a night away for years. A small holiday home for this type of patient, organized to serve an area such as the Devon and Cornwall sub-region, is badly needed, and would not be a costly undertaking.

*Recreational therapy* is an important aspect of Hospital life, and the Entertainments Officer is always thinking out new diversions. Weekly film shows most of the year and motor-coach outings in the summer are always popular. Dances,



whist-drives, games evenings and entertainments by visiting parties are also much enjoyed. An excellent grand piano has recently been purchased with the aid of a grant from the newly-formed Plymouth Clinical Area Hospitals' Welfare Fund.

During the past few months the Matron has initiated a Rambler's Club. Allotment gardening has again reached a high standard, as was seen in the Annual Horticultural Show. The Hospital Library is a model of its kind and excellently run.

#### 4. Extra-Mural Psychiatric Services.

##### SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH

The Department of Psychological Medicine has continued to expand. There are now three sessions a week, one of which is exclusively for psycho-therapy. Dr. Gilroy, who was appointed Assistant Physician in Psychological Medicine in June, 1948, is my colleague at each session.

The following figures are of interest :

	<i>Jan.—June 1949</i>	<i>1948</i>	<i>1947</i>	<i>1946</i>
New patients      ....      ....	298	590	362	225
Reattendances      ....      ....	238	476	369	376
Psycho-therapeutic inter-views      ....      ....      ....	126	173	82	No record
TOTALS      ....      ....	662	1239	813	—

Waiting lists are growing, especially for psycho-therapy, where there is usually a wait of six months before a patient can start treatment. An apparatus for electric convulsant therapy was acquired some months ago, but cannot yet be used owing to lack of accommodation. It should be mentioned that the attendance of general practitioners, etc., is always welcome at the out-patient sessions.

The demand for consultations and examinations in hospitals or in the patient's home, etc., is growing, as will be seen from the following figures :

	<i>Jan.—June 1949</i>	<i>1948</i>	<i>1947</i>
Consultations and Examinations      ....      ....      ....	88	125	111

In addition, a total of 21 lectures has been given during the eighteen months period under review by various members of the Hospital staff to different organizations and societies.

#### CHILD GUIDANCE CLINIC

The Clinic made a modest start in November, 1948, with one session a week, a second session being added in April, 1949. Dr. Gilroy is the Clinical Director and is assisted by a full-time Psychiatric Social Worker. The waiting list for treatment is enormous. Unfortunately, it has not yet been found possible to appoint an Educational Psychologist, and it is therefore impossible to provide a full service.

#### 5. Hospital Staff.

*Secretary.* Mr. G. E. Ford, who had been Clerk and Steward from April, 1947, and later Secretary, Finance and Supplies Officer, will be leaving in July, 1949, having been appointed to a similar post in his home town, Newcastle. He has been an extremely efficient officer who will leave his mark on the lay administration of the Hospital.

*Medical.* The establishment was increased in 1948 by the addition of a Registrar. Dr. A. Shaw was the first holder of this post, which is now held by Dr. J. P. Conroy. Further additions to the medical staff are urgently required.

*Social Worker.* The Hospital was fortunate to find in Miss J. Mitchell a Psychiatric Social Worker of experience. She joined the staff in the autumn of 1948.

*Clerk of Works.* Mr. S. Oaks was appointed in March, 1948, in succession to Mr. A. G. Whiteley.

*Farm Bailiff.* Mr. F. Bartram was appointed in March, 1949.

*Nursing Staff.* Two fully justified new appointments have been made. A Senior Assistant Chief Male Nurse (Mr. J. Barry) joined in January, 1949, and a Senior Assistant Matron (Miss J. Harris) in March, 1949.

A very serious shortage of full-time female nursing staff still exists, and it is impossible to fill the establishment of certain senior grades. If it were not for the excellent part-time nursing service which has now been in operation for over a year, the closure of some wards would be necessary. A Nursing Services Sub-Committee has been formed, whose chief function is to bring about an improvement in recruiting. The loyal service of the Ward Sisters in their difficulties due to staff shortage is recognized by the Sub-Committee, who have sent a letter of appreciation to each Sister.



Nurses' examination results have been excellent and reflect credit on all concerned. Congratulations are due to the following, who has passed the Final State Mental Examination : Mr. R. E. Bray ; and to the following, who have passed the Final Examination of the Royal Medico-Psychological Association during the period under review : Miss R. J. Chamings, Mr. W. J. Spence, Mr. G. R. Northmore and Mr. W. T. S. Curson.

In the autumn of 1948 a Hospital Examination was held for the first time for Student Nurses. The prize-winners were : *Seniors* :—Mr. G. R. Northmore and Miss R. J. Chamings. *Juniors* :—Mr. J. M. Andrews and Miss E. Black.

It is hoped that the examination will become an annual event.

*Catering Officer.* An appointment which had been under consideration for some time was that of a Catering Officer. Mr. K. D. Tudor was appointed to this important position in March, 1949.

## **6. The Hospital Buildings.**

Physical environment has a real influence on the mood and outlook of everyone, and in a psychiatric hospital it is particularly important to provide cheerful and comfortable surroundings. It is, therefore, a matter of real concern that so much of our fabric is in a dilapidated condition. Though Moorfields Hospital, the Nurses' Home and the two villas are well-equipped modern structures and in a very fair state of repair, the buildings at Moorhaven (though none are yet sixty years old) are greatly in need of modernization and extensive repairs and redecoration. New equipment is also urgently required in several departments. Furthermore, there is a crying need for houses for all grades of staff. Provision of these is the crux upon which all further development and future progress depends. The housing shortage is very acute in the whole area, and the Hospital has been behind most others in the country for many years in providing accommodation for its staff. When this difficulty has been overcome, we can concentrate on new buildings to relieve the overcrowding which has for so long existed in the wards, and to provide adequate psychiatric facilities for the whole of the Plymouth Clinical Area. The Hospital, though in an isolated position, is magnificently situated, and it is hoped to develop the site in such a way that full advantage can be taken of the splendid panoramic views and southerly aspect.

Despite much planning and Committee work, extending over the past two years, it is still a fact that no capital works have been undertaken since 1936.

## 7. Conclusion.

This report does no more than summarise the main events which have taken place in the Hospital under our management in so far as they affect the patients.

I have purposely not referred to the immense amount of administrative reorganization which has been necessitated by the inauguration of the National Health Service, nor to financial affairs. Neither have I mentioned the various building projects upon which so much energy and time has been spent. These matters are dealt with by the Secretary in his report.

I am conscious, however, of the fact that nothing has been said of the opportunities the Committee enjoys regarding the furtherance of Mental Health in the Plymouth Clinical Area as a whole. Although the Committee is appointed by the Ministry of Health to manage the day-to-day affairs of the Hospital, yet it is enabled to see more than any other group the weaknesses and deficiencies of the Mental Health "set-up" in the Area. The Committee, too, in being "Mental Health Minded", is in a specially privileged position to assess the needs and to formulate plans for the relief of suffering and the fostering of good health throughout the Clinical Area. To me it is clear that we have much important work to do in the field of public relations, making the work and aims of the Hospital better known, correcting any erroneous ideas the general public may have, in achieving closer integration with Local Authorities (especially those Committees and Officers concerned with the care of children and the aged), and in effecting good working relations with the Courts, Probation Officers and the various Ministries such as the Ministry of Labour. Nor should the religious and voluntary organizations be forgotten: they can often give us valuable help.

It will be by such work that local interest will be fostered so that the people will regard the Health Service as *their* Service and not something emanating from an impersonal and far-away Government.

(Signed) FRANCIS PILKINGTON,  
*Physician-Superintendent.*

-----



REPORT OF THE SECRETARY  
TO THE  
MOORHAVEN HOSPITAL MANAGEMENT COMMITTEE  
5TH JULY, 1948—30TH JUNE, 1949

The inaugural meeting of the Hospital Management Committee of Moorhaven Hospital was held on 14th June, 1948.

Preparation for increased administrative responsibilities had commenced some time before the appointed day, and a supply organization was built up and a Finance Department created under the supervision of a qualified accountant to deal with the Hospital Management Committee accounts in anticipation of the cessation of the Plymouth Corporation agency arrangements.

Immediate steps were taken by the Management Committee to implement as far as practicable their responsibility regarding the maintenance and improvements necessary for the modernization and upkeep of the hospital.

The following Sub-Committees were formed to deal in detail with various aspects of the Management Committee's duties, viz. Finance, Farm, Planning, Nursing Services and House Committees.

The South Western Regional Hospital Board were informed at an early date of the various capital projects which would be necessary to bring the hospital into line with modern requirements. Some of these projects, notably staff housing, were already in an advanced stage of negotiation, and the City Architect was requested to continue with this project to completion.

It was realized at an early date that many of the necessary improvements in the main hospital were inter-related and that a complete survey of the engineering service of the hospital would be required, and accordingly Messrs. Hoare, Lee & Partners were requested to carry out a complete engineering survey and to make detailed recommendations.

The Farm Sub-Committee carried out a thorough survey of the hospital farm and detailed policy calculated to manage the farm as an economic unit, but with special reference to the needs of the patients. Certain items of new equipment were obtained, and with the appointment of the Farm Bailiff in March, 1949, the first steps were taken to implement this policy. At the time of preparation of this report the farm generally shows a number of improvements, and, as far as can be seen, crops generally appear very promising.

Special attention was paid to the dietary of the patients and staff, and a central staff dining-room on the cafeteria

system was planned and executed, and insulated food containers for wards were purchased. A qualified and experienced Catering Officer was appointed in March, 1949, and considerable improvements in the catering department have already been effected. Modernization of the kitchen, however, which it is hoped may be effected in 1950-51, will require to be carried out before the Hospital Management Committee plans in this department can be brought into full operation.

Although there has been a certain amount of uncertainty regarding expenditure, on account of the cuts in the estimates, a number of improvements have been made during the first year of office of the Hospital Management Committee, which include, inter alia, the resurfacing of the main drive of the Hospital, improvements to the entrance to the Hospital and main corridors, ward furnishings, cloakroom accommodation for non-resident staff, provision of office accommodation for the Psychiatric Social Worker and the Finance Department, a women's handicraft department, redecoration of Laira Ward, improvements to sanitary accommodation, operating theatre unit at Moorfields, staff restaurant, laundry foul-washing unit, a temporary shop for the upholsterer, and installation of hot water in two wards. A new garage has been constructed at Moorfields, and a wooden garage and the fire engine shed have been moved to better positions at Moorhaven. A cycle shed for non-resident staff has been provided. Considerable improvements have also been made to the farm buildings. Arrangements have also been made for the purchase of a hospital vehicle for the transport of staff, which should be of material assistance in recruiting non-resident nursing staff.

(Signed) R. W. HAMPSHIRE,  
SECRETARY TO THE MANAGEMENT COMMITTEE.











UNDERHILL (PLYMOUTH) LTD.  
Printers  
Regent Street      Plymouth